



STATE OF GEORGIA
Division of Family and Children Services

Nathan Deal
Governor

Bobby D. Cagle
Director

Authorization Agreement for Electronic Payment
VENDOR

PLEASE TYPE OR PRINT INFORMATION
(all fields are required unless otherwise stated)

Primary Vendor's Name	Secondary Vendor's Name	Business Name
Date of Birth	Date of Birth	Origination Date
Social Security #	Social Security #	Social Security # or EIN #
E-mail Address (optional)**		
Street Address		
City, State, Zip Code, County of Residence		
PO Box Address, if applicable City, State, Zip Code		

****Email address is used to provide payment notification. If you do not provide an email address, then all questions in regards to payments must be directed to your caseworker.****

I authorize the Division of Family and Children Services (DFCS/DHS) to deposit my payments into my Bank/Direct Payment card account. DFCS/DHS is also authorized to adjust any over/under deposit that it has caused to be made to my account. I recognize that the deposit of my payments shall be made by electronic means.

The net amount of my payments is to be deposited into my (CHOOSE ONE)

☐ DHS/DFCS Direct Payment Card Account – (if choosing this method, an account number will be assigned and a SMIONE Visa card will be mailed to you.) Please provide us the NAME of the person that the card will be issued to

☐ Checking Account (if choosing this method, please attach a voided check or direct deposit letter from your bank)
Please circle which type of checking account these funds are being deposited in to:
CONSUMER Account (this is normally an individual's bank account)
BUSINESS Account

☐ Saving Account (if choosing this method, please provide a direct deposit letter from your bank)

NOTE: If I change my bank or my bank account or my bank changes names, I am responsible for notifying the DFCS/DHS Regional Accounting office immediately and understand that they have 7 days within which to make the necessary changes.

In signing this authorization for Direct Deposit or issuance of a Direct Payment Card, I understand that certain checks will not be automatically deposited into my bank account or into my Direct Payment Card account but will be given to me. This would be for emergency situations only and will be addressed on a case by case basis.

Primary Vendor's Signature (Required)	Date	Contact Telephone #
Secondary Vendor's Siganature (Required)	Date	Contact Telephone #
Business Owner, President, or CEO (Required)	Date	Contact Telephone #

ATTACH VOIDED CHECK HERE

Mail to: Field Fiscal Services – Regional Accounting
Attn: Direct Deposit Representative
P.O. Box 1839
Lawrenceville, GA 30046